

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 306534 (9)**

1. Corporation Name

**OESTERLE CORPORATION**



Principal Place of Business

**9506 SOUTH RED ROAD  
MIAMI FL 33156**

Mailing Address

**9506 SOUTH RED ROAD  
MIAMI FL 33156**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**OESTERLE, DOUGLAS WM.  
9506 RED ROAD SOUTH  
A/K/A OESTERLE CORP  
MIAMI FL 33156**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL** 85. Zip Code

3. Date of Incorporation or Quarter

**06/23/1966**

3a. Date of Last Report

**06/21/1995**

4. FID Number

**59-1461402**

Applied For  
Not Applicable

5. Gov. Code of States, Deceased

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for information tax under S. 199.032,  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.033, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	<b>SD</b>	<input type="checkbox"/> DIRECTOR
NAME	<b>OESTERLE, DOUGLAS W.</b>	
STREET ADDRESS	<b>9506 RED ROAD SOUTH</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TYPE	<b>PD</b>	<input type="checkbox"/> DIRECTOR
NAME	<b>OESTERLE, MARK WM.</b>	
STREET ADDRESS	<b>9506 RED ROAD SOUTH</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TYPE	<b>VD</b>	<input type="checkbox"/> DIRECTOR
NAME	<b>OESTERLE, ROBERT A.</b>	
STREET ADDRESS	<b>9506 RED ROAD SOUTH</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TYPE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is complete, truthful and does not qualify for the exemption stated in Section 199.073(2), Florida Statutes. I further certify that the information indicated on this annual report or supplement or annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that the name or names indicated hereon are the names of the corporation as reported to the Department of State, and that my name appears in Block 12 or Block 13 if changed; or if an additional name will be a future.

**SIGNATURE: D. Oesterle - Sec. 2/28/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)